



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 015280-259120US																		
<b>FY 2005</b> (fees effective on or after October 1, 2004)																				
Application Number 09/684,599		Filed October 5, 2000																		
For MESOTHELIN, A DIFFERENTIATION ANTIGEN PRESENT ON MESOTHELIUM, MESOTHELIOMAS AND OVARIAN CANCERS AND METHODS AND KITS FOR TARGETING THE ANTIGEN																				
Art Unit 1642		Examiner Unger, Susan																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$55 \$ 120</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$430</td> <td>\$215 \$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$980</td> <td>\$490 \$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1530</td> <td>\$765 \$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2080</td> <td>\$1040 \$</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.         </p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.            Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>35,551</u>  <input type="checkbox"/> attorney or agent under 37 CFR 1.34.            Registration number if acting under 37 CFR 1.34 _____</p> <p><u>Laurence J. Hyman</u> <i>[Signature]</i> <u>Dec. 10, 2004</u>            Signature Date  <u>Laurence J. Hyman, Reg. No. 35,551</u> <u>415/576 0200</u>            Typed or printed name Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				Fee	Small Entity Fee	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$55 \$ 120	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215 \$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490 \$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765 \$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040 \$
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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110

Complete if Known	
Application Number	09/684,599
Filing Date	October 5, 2000
First Named Inventor	Pastan, Ira
Examiner Name	Unger, Susan
Art Unit	1642
Attorney Docket No.	015280-259120US

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																																																																				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number      20-1430  Deposit Account Name      Townsend and Townsend and Crew LLP					<b>3. 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SUBMITTED BY					Complete (if applicable)	
Name (Print/Type)	Laurence J. Hyman	Registration No. (Attorney/Agent)	35,551	Telephone	415-576-0200	
Signature				Date	12/10/04	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.